

# MLTSS Stakeholder Advisory Committee

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February 5, 2015

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# Welcome

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- Opening Remarks, *Courtney Phillips, Deputy Secretary*
- OAAS Update, *Robin Wagner, Deputy Assistant Secretary*



# **OCDD PROCUREMENT PROPOSAL**

**Mark Thomas, Assistant Secretary, OCDD**

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# OCDD Procurement Proposal

## Questions & Comments



# **MANAGED CARE MOVING PARTS: I/DD IMPACT**

**Mark Thomas, Assistant Secretary, OCDD**

# Bayou Health Opt In

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- Waiver recipients began Bayou Health opt in in July 2014
- As of January 2015, point in time enrollment:
  - 152 people from NOW
  - 71 from Children's Choice
  - 62 from Supports Waiver
- Bayou Health opt in began for Chisholm Class February 1, 2015

# Bayou / LBHP Integration

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- We have received many questions from stakeholders about timelines
  - Bayou/ LBHP Integration initiation schedule is late 2015
  - I/DD MLTSS initiation schedule is early 2016
- To date, the expectation is that I/DD members will participate in Bayou/LBHP Integration to maintain their behavioral health services

# Bayou/ LBHP Integration

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- Medicaid / Program Offices are working together to ensure continuity of care and support clear communication with stakeholders and service recipients
  - Beginning this discussion in OCDD LGE regional provider meetings as of next week
- We are looking at all options to make these changes as consumer-friendly as possible



# **I/DD WAIVER DEVELOPMENT**

**Brandi Kelly, Ph.D., OCDD Clinical Director  
Amy Bamburg, Program Manager, OCDD**

# Public Notice Process

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- 30 day public comment period
- The full waiver application will be posted, in addition to public notices
- Questions and comments will be accepted electronically or via mail
  - Information will be maintained on the web site hosting the application
- At least two in-person statewide meetings will be held
- OCDD plans multiple statewide webinars

# I/DD Waiver Development

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- OCDD System Transformation began in 2012
  - Consensus on five outcomes
    - Serving more persons in home and community-based services (HCBS),
    - Achieving cost effectiveness in HCBS,
    - Reducing institutional reliance in both private and public settings,
    - Providing access to appropriate services based upon need, and
    - Increasing appropriate utilization of natural and community supports.
  - Identification and prioritization of key elements of a transformed system

# System Transformation Focus Areas: Translation to MLTSS

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- Request for Services Registry
  - Validation, Prioritization
- Lifespan Planning
  - Plan of Care, Improvements to Planning, Integration of Planning across ages/programs
  - Front-End Support Coordination
- System Improvements
  - Updated eligibility processes
  - Assessment tool options for a comprehensive resource allocation model

# System Transformation Focus Areas: Translation to MLTSS

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- System Improvements (cont.)
  - Evaluation of authorities and potential for I/DD system administration
- Single Point of Entry/ No Wrong Door
  - Improved communications
  - Balancing Incentive Program NWD activities
  - Data capacity/process improvements to prepare for MLTSS enrollment

# System Transformation Focus Areas: Translation to MLTSS

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- Providers
  - Flat rate/ per diem billing options
  - Expanded Freedom of Choice listing
- Services
  - Changes to services in short, mid, and long range
  - EarlySteps sustainability, evaluation of integration with MLTSS

# System Transformation Focus Areas: Translation to MLTSS

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- Stakeholder Engagement
  - Core Advisory
    - Average monthly meetings, Members linked to MLTSS Advisory
  - Statewide Stakeholder Meetings

# 10,000 FT Waiver Concept

MLTSS Members' Foundational Package	LTSS Waiver	LTSS Waiver +	Facility
All members access			
Acute/ Primary Care	New/Altered Services in key areas:	New/Altered Services in key areas:	Ongoing development of medical add on rate for ICF/DD
Behavioral Health	<ul style="list-style-type: none"> <li>• Telecare</li> </ul>	<ul style="list-style-type: none"> <li>• Shared Living Specialized 2, 3, 4</li> </ul>	
Crisis Services	<ul style="list-style-type: none"> <li>• Home Delivered Meals</li> </ul>	<ul style="list-style-type: none"> <li>• Host Home Specialized</li> </ul>	
Support Coordination	<ul style="list-style-type: none"> <li>• Respite</li> </ul>		
Housing Supports	<ul style="list-style-type: none"> <li>• Shared Living 2, 3, 4</li> <li>• Shared Living Conversion 6, 8</li> </ul>		

Additional improvements or alterations are pending.

# Behavioral Health

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- Basic behavioral health for adults and children
  - Menu available. No changes.
- I/DD specific behavioral health
  - Potential areas of specialization
  - I/DD specific population needs
- Expanding provider network, credentialing

# Crisis Services

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- Crisis Team
  - Call in line
  - Mobile crisis services via crisis team arriving on site to assess and triage

# Crisis Services

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- Up to 90 day therapeutic respite/step down
  - Importance to the population
  - Offered in facility or as HCBS option
    - Nursing facility short stay with programmatic protocols for stabilization and transition
    - ICFs/DD with a similar approach
    - HCBS settings

# LTSS Waiver Specialized Services

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- Specialized Services
  - Shared Living
  - Host Home
- Integration of Specialized Services with Medical and Behavioral Health

# LTSS Waiver

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- Adapted from OAAS
  - Telecare
  - Home Delivered Meals
- Respite
  - Stakeholders want flexibility
  - Look at what's working well in other states
    - Wisconsin

# Respite Definition

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Respite care services are those services provided to a waiver eligible participant on a short-term basis, to relieve the participant's primary caregiver(s) from care demands.

Respite care services may be provided in a residential setting, the home of the participant, or in another community setting.

## **1. Residential Respite**

- Residential respite may be provided in the following allowable settings:
  - Proposed: Shared Living (provider owned and controlled), Host Home, Center-Based Respite

Residential respite may involve overnight stays or partial day stays by the participant. Costs for room and board in these settings may be included in the charge to the waiver program. The actual length of the respite stay must be specified in the participant record.

# Respite Definition

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## **2. Home Based Respite**

When respite care service is provided in the home of the participant it is defined as Home-Based Respite. Home-based respite care services may be provided in partial day or overnight increments. Costs for room and board in these settings may not be included in the charge to the waiver program. The actual length of the respite stay must be specified in the participant record.

-- Proposed: Personal Care Attendant Services, Direct Support Worker (self directed)

The standards for respite provided within an individual's home are determined primarily by the participant and/or their legal decision-maker. However, the respite provider would still be subject to a background check the same as other providers.

# Respite Definition

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## 3. Other Setting Respite

- Other Setting Respite services may be provided in a home other than the home of the participant. Services may involve overnight or partial day stays by the participant. The actual length of the respite stay must be specified in the participant record. The standards for respite provided within other settings are determined primarily by the participant and/or their legal decision-maker. However, the respite provider would still be subject to a background check the same as other providers.
  - Proposed: Shared Living (non provider owned), after school programs, summer camps, other options as appropriate

The receipt of respite precludes the participant from receiving other waiver services such as IFS, day habilitation and skilled nursing services on the same day the participant receives respite care, unless there is clear documentation that the hours of service were delivered at distinct times from respite services. Additional exclusions apply if utilizing a per diem respite option.

# LTSS Waiver

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- Shared Living 2, 3, 4
  - Per diem payment
  - Rate assumption changes
- Shared Living Conversion 6, 8
  - Making conversion work
  - HCBS rule concerns

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# Questions and Comments

# Thank you for attending

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- We are still working on getting the Q&A page up
- Future advisory meetings
  - March 5, 2015, time TBD, I/DD MLTSS & waiver application